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were such that careful observations could not be made, only a few of the cases had increase of the deep reflexes, and in three cases there were marked tremors and choreiform movements before death. In one case of Huntington's chorea the choreic movements were markedly increased.

The count of the red blood cells was comparatively high, considering the marked nutritional disturbances, and the hemoglobin was high in proportion to the number of red cells; the count of the white blood cells was in the greater number of cases high, and there was a relative lymphocytosis.

The course of the disease was quite varied, ranging from three weeks to five months, the average length of life after the diagnosis was made was six weeks, and in those cases which recovered the average length of time was about two and a half months.

Complicating diseases such as paresis, dysentery, and pulmonary tuberculosis were comparatively frequent, and the course of pellagra in these cases was quite rapid.

Treatment was symptomatic and empirical as regards medication; atoxyl and Fowler's solution were used but without benefit. The skin lesions were in some instances treated by excluding light and by application of ointments, with no apparent benefit. The diarrhea did not respond to medication of various kinds; three of the cases, complicated by Shiga bacillus infection, were improved by autogenous vaccine prepared by Dr. Dick; blood transfusions were performed in twelve cases by Dr. Pollock and Dr. Arthur Curtis.

EXAMINATION OF THE CENTRAL NERVOUS SYSTEM IN SEVEN CASES OF PELLAGRA.

RALPH C. HAMILL.

The only change that was at all common was a more or less well-marked chromatolysis in the anterior horn cells, in the cells of Clarke's column, and the large pyramidal and Betz cells of the cortex. This varied from merely an increased depth of staining of the entire cell to a complete loss of tigroid substance. In one case only did the cells appear perfectly normal, stained with Nissl.

In two cases the cells stained with toluidin blue, thionin, or cresyl violet, completely lost the stain in the differentiating alcohol. The tissue in one case had been fixed in Hatai fluid, in the other in 10 per cent formalin followed by Hatai. These cells stained with hematoxylin showed in one case, that fixed in Hatai, some apparently normal cells, but others with destruction of the tigroid and eccentric nuclei. In the other case the cells were uniformly shrunken and deeply staining.

In but two cases was there any manifest change in the white matter of the cord. In one, Marchi's method showed degeneration in the direct and crossed pyramidal tracts with a small amount of subpial degeneration in the dorsal columns, more in the upper dorsal than in the lower. In this case there was a round cell infiltration of the pia-arachnoid and surrounding the vessels, with some thickening of the walls, not of a syphilitic nature. In the other case, Weigert Pal stain showed well-marked degeneration in the posterior columns of the cervical, dorsal, lumbar, and upper sacral regions.

In two cases there was considerable hyperemia. In the others the vessels and meninges were apparently normal.

These changes agree with what has previously been found in pellagra. The only change in the central nervous system found frequently enough to be considered at all characteristic is a more or less marked degeneration of the tigroid substance of the anterior horn cells and of the large cells of the cortex.

TRANSFUSION OF BLOOD IN PELLAGRA.

L. J. POLLOCK AND ARTHUR H. CURTIS.

The form of pellagra among the patients of the Cook County Institutions was severe, the disease running its course essentially uninfluenced by the most approved therapeutic measures. Despite the utmost diligence in the treatment and nursing of these patients, the death-rate during the years 1909 and 1910 was 67 per cent and 57 per cent. The favorable report of Cole and Winthrop[1] therefore aroused especial interest in the possible value of trans-

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[1] *Jour. Am. M. Ass.*, 1910, 54, p. 1354.